

MEDICINE IN THE UNION OF SOVIET SOCIALIST REPUBLICS*

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One of the rewards of being on a program like this is that occasionally old friends will send you relevant material they have previously published on the same subject you are getting ready to discuss. This happened to me in the course of preparing this paper on Medicine in the Soviet Union. Our good friend, Josh Billings, was kind enough to send me a special article entitled "The Soviet Health System—Aspects of Relevance for Medicine in the United States," written by a distinguished group of medical and health experts, including Josh, which appeared in the *New England Journal of Medicine* in March, 1972 (1). This is an excellent survey of medicine in the Soviet Union and I commend it highly to those of you who are interested in the subject.

In this paper, I will recount some personal impressions and opinions of Soviet life and Soviet medicine which I gained from a study-tour of the Soviet Union during the last two weeks of October of 1982. The study-tour was sponsored by the American Society of Internal Medicine, and our group was led by the current president of that association, Dr. John D. Abrams of New Mexico. Visits were made to Moscow, Samarkand, Bukhara, Tashkent and Leningrad in the Russian and Uzbek Soviet Socialist Republics. In addition to the first hand impressions and opinions to be reported upon, I have drawn heavily and freely on several recent, excellent studies of life in the Soviet Union and on medicine and health services in the Soviet Union (2-7). I am especially indebted to Dr. William A. Knaus of George Washington University whose excellent book, *Inside Russian Medicine: An American Doctor's First Hand Report*, published in 1981(2), has served me as a guide, reference and source book before, during and after my tour. He has kindly permitted me to use graphs, charts and data from his book. And again, if you are interested in pursuing this subject further, I would highly recommend his report to you, which *The Washington Post* has labeled as the most comprehensive and best documented general survey of Soviet medicine available.

One of the earliest and most lasting impressions of the Soviet Union

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is the loss of individual freedom. Intourist, the official government tourist agency, tells the visitor what hotel he will stay in, what he will visit and when; and to travel to another city the visitor, like the Soviet citizen, needs approval and a special pass.

Until about 5 to 10 years ago, it was generally believed that the Soviet system of socialized medicine was one of the few genuinely positive achievements of that form of government, and at least one medical historian, Henry Sigerist, believed it a model worthy of study, if not emulation, by other societies (3). Most observers now agree that in some areas, Soviet medicine is a qualified success, and in others, it is a colossal failure. As a national program aimed at conserving scarce resources while providing basic services, it is a qualified success. But from the perspective of a patient in need of special attention or individual emphasis, it is frequently a colossal failure.

The Soviet Constitution provides that each Soviet citizen is entitled to medical care in case of illness, and at no cost (4). In the United States and most Western countries, responsibility for any decisions about personal health, like those of job, life style, and travel, rests with the individual. In the Soviet Union, however, the health of each citizen is considered part of the national wealth and the Soviet government wants to protect its investment. The government assigns jobs, establishes production quotas, rations consumer goods, and organizes recreation. In short, the government is everywhere in a Soviet citizen's life, trying to insure that everything he does and everything that happens to him is in the best interest of the Soviet Union. The same attitude extends to medical care. The government places physicians throughout the workers' environment, in the factory, riding the ambulances, and, when necessary, in the home. There are more doctors in the U.S.S.R. than in any other country in the world, and the average Soviet citizen sees a doctor more than twice as often as his American counterpart (2, 4, 5).

The Soviet government has built more hospital beds, some 3.2 million, and more clinics, some 35,000, than any other nation in the world. In addition, it sponsors frequent visits to Soviet sanatoriums, where rest and relaxation are mixed with medical treatment. All of these services, from the clinic visits and hospital stay to the sanatorium, are free of direct charge, as there are no formal medical bills in the U.S.S.R. At the same time, a Soviet patient cannot choose the physician or the hospital where he will be treated and he will be given little information regarding his illness; and when a patient is in the hospital, he will frequently depend on family and friends for food and other basic necessities. Since the Soviet health system is financed almost completely by the state treasury, the state expects to control what the health system does. It is

therefore possible, for example, for the Soviets to keep the salaries of their health professionals at very low levels, when compared to other occupations in the Soviet Union, and particularly when compared to physicians and other health care professionals' incomes in the West.

Today the average Soviet physician makes about 180 rubles a month; the average skilled industrial worker about 200 rubles per month. One ruble is worth about \$1.55. As in the rest of the Soviet economy, part of the reason for the low wage is the high percentage of female workers in medicine. Slightly more than 70 percent of Soviet doctors and 85 percent of middle medical workers (feldshers and nurses) are women. As would be expected, the low monthly wages provide little incentive to attract the most qualified students to medical school and little incentive for efficient and conscientious work by the physicians. It is apparent that the Soviet health system is labor intensive rather than capital intensive, due to the fact that labor is cheap and equipment and medical technology are expensive. In addition, since the Soviet health system is basically a prepaid or prospective payment plan, it is considerably cheaper to operate than a reimbursement or retrospective insurance plan, in which services are rendered by providers and bills then submitted. Since the Soviet citizen theoretically does not have to pay for services at the time they are performed, the Soviet government stresses that it provides health care to its people as an act of generosity. The fact of the matter is that these services are, quite obviously, paid for by the citizens themselves through taxation and levies which result in an actual reduction of discretionary income to the general citizen. In addition, health services are not totally free anyway and, indeed, most Soviet citizens believe it is necessary to give private, additional payment to physicians, nurses, hospital attendants, and others in order to get better attention or, in some instances, any attention at all.

The health care system in the Soviet Union is divided into two categories: the general and the closed networks. The general or territorial network is available to the average population, where primary access is determined by place of residence. The closed networks are reserved for special groups of the population. At the lowest level of the closed networks are the medical facilities reserved for workers of industries with more than a certain number of personnel, and where access depends on the job or position held by the individual worker. Next, there are the special health facilities of certain agencies or ministries, such as the armed services, the ministry of internal affairs, the railroads and many others. Considerably higher in the hierarchy are those facilities reserved for members of the intellectual elite, such as those who belong to the Academy of Sciences, the Union of Soviet Writers, and artists of the first

rank. At the apex of the Soviet medical pyramid is the complex of medical institutions and facilities reserved for the members of the Kremlin elite and their families. Needless to say, these facilities are better equipped than those in the ordinary networks (4-7).

There is stratification in many other areas of Soviet life as well. For example, as most of you who have been to the Soviet Union have noticed, in many Soviet cities the center lanes on main arteries are usually reserved for official cars which can speed rapidly while other traffic may be stalled in the other lanes. In some hospitals in major cities, the patients are required to walk close to the wall, moving slowly and keeping their hands in the pockets of their robes, while the center of the hall is kept clear for physicians, nurses, and important visitors.

Everything in the Soviet health system is regulated and proceeds according to officially established and rigid criteria. Physicians and other health personnel are expected to work a specific number of hours per day, and see a specific number of patients per hour, the number varying with the specialty. This encourages, of course, a 9-to-5 mentality among the physicians. Soviet physicians do not hesitate to leave their workplace at the end of their duty time, even though there are many patients left to be seen. Many hospitals will not admit new patients after a specified hour in mid-afternoon. Every disease is assigned a certain number of hospitalization days which are permitted. For example, a delivery is nine days, an appendectomy is ten days, a hysterectomy is two weeks. Even if a patient is well enough to be discharged, this may not be possible until the assigned number of days have passed. We learned that hospitals are also assigned "death quotas" and investigations follow if they exceed these quotas. As a result, hospitals will often refuse to admit some terminally ill patients if the quota for that disease is full. We presume that their families would be asked to take them home so that they would die there and not in the hospital.

The clinics and hospitals for general patients which we visited were primitive by Western standards and lacked many forms of modern medical technology and sophisticated equipment, and these were among the best of the clinics and hospitals. The physicians' offices in the clinics and hospitals generally were almost empty, with a desk and a few chairs lining the walls. There were few papers, few books, little or no office equipment, and usually a picture of Lenin on the wall. There were no secretaries and no dictating or duplicating equipment.

The approximately 1,200,000 physicians in the Soviet Union constitute more than one-fourth of the world's total and twice the number working in the United States. There is approximately one doctor for every 250 Soviet citizens, compared to one for every 450 to 500 people in the United

States. Yet there is no "medical profession" in the Soviet Union, if that term is used to describe a relatively independent corporate group, entitled to organize its members and to take "political" stands for or against government policy. For example, there is no equivalent in the Soviet Union to the American Medical Association or other similar associations in the West.

Patients are referred to hospitals by the doctors in the Polyclinic who have little say and no control over the care of their patients while they are in the hospital. Generally the relationship between the Polyclinic physician and the patient is much closer than that between the hospital physician and the patient. We gathered that most of the Polyclinic physicians practice a low-key, common sense, low technology type of medicine. Hospital admission is generally as much feared in the Soviet Union today as it was in the United States about a century ago. This is related not only to the widespread knowledge of the rough and impersonal handling by an indifferent hospital staff, but also because the Soviet citizens either know or suspect that the quality of care is questionable and frequently the necessary supplies and equipment are lacking. It is also known that hospital infections, especially postoperatively, are very common and that all of these conditions make a hospital stay an episode dangerous to life and health.

A major form of hospital treatment in the U.S.S.R., even today, is the counter-irritation technique of using mustard plasters or "cupping." In general, small glass cups, heated at the rim with an alcohol flame, are applied to various parts of the body. Heating the glass causes a partial vacuum and when applied, the cups pull the flesh up with a suction effect, producing welts. Other forms of treatment with long traditions in Soviet medicine are enemas and colonic irrigations. These may be used in the Soviet hospitals several times a day as a universal method for "cleansing" the body of everything from arthritis to tuberculosis, and they remain a mainstay of Soviet hospital care today. We were told that every patient whose symptoms relate in any way to his gastrointestinal system or who simply does not feel well receives an enema.

In general, Soviet nurses are poorly educated and poorly trained. The better or more capable ones aspire not to stay in nursing but to move upward and to become physicians themselves, a move that is apparently not only possible but fairly common for them and for feldshers. In fact, Soviet hospital nursing is viewed as not quite respectable, a view that was prevalent in the West about a century earlier.

The Soviet ambulance system is one of the best organized in the world. In most Soviet cities, there is a central dispatcher station that receives and handles all calls. The ambulances are specialized and individually

equipped to handle everything from heart attack victims to psychiatric emergencies. Physicians and physicians' assistants or feldshers accompany all ambulances.

With its plethora of physicians and hospital beds, Soviet medicine would appear at first to be impressive; and it has indeed impressed many Western and other visitors, particularly when they are shown statistical tables of progress made since the revolution, both in personnel and in facilities. And yet, a closer examination of clinical practice suggests that the quality of clinical care is quite low when compared with Western Europe and the United States. Indeed, in some instances, Soviet medicine resembles what one sees in the less developed countries of the world. The Soviet infant mortality rate, for example, is one of the highest in Europe. It is certainly not what one would expect of a highly industrialized nation, with an economy that in size alone is second only to the United States, and of a nation that pioneered a national system of socialized medicine. Thus, with the exception of the elite, for whom the best is available or imported, the population in general receives a kind of mass medical care, with little attention to detail, quality and to personal feelings and emotions. The idea of extraordinary efforts to maintain life, for which our own system has been faulted time and again, is apparently foreign to Soviet concepts. The way in which the Soviet economy has developed in the last few years, and the increased defense investments the Soviets have made since the mid-sixties, make a reordering of priorities and a significant increase in the quality of medical care, at this time, most unlikely. Indeed, the reverse seems to be the case, if the rising death rates in the Soviet Union, both infant mortality and overall death rates in men and women, are any indication.

Beginning in about 1969-70, medical progress seems to have stopped in the U.S.S.R. The recent deterioration in life expectancy in the Soviet Union could be the result of alcoholism, which is extremely prevalent, but, more likely, it stems from a combination of factors. The Soviet Union does not manufacture as wide a variety of high blood pressure drugs as the United States, and Soviet surgeons do not operate on many patients suffering from coronary artery disease. The average Soviet diet remains high in saturated fats and, despite a 1980 directive aimed at cutting down on smoking, the number of cigarettes consumed in the U.S.S.R. increases each year. As a result, heart disease, which has already peaked in the U.S., is still climbing in the U.S.S.R.

In the United States the physician, in exchange for a large fee, high social standing, and great respect, is expected to provide a maximal effort on behalf of his patients. He is challenged to remain up-to-date and he can be sued for his mistakes. The Soviet physician, on the other hand, does not enjoy the positive rewards, nor does he fear the negative

consequences. The ultimate responsibility for his actions is not his; it rests with the system.

In the Soviet Union there are few public debates over medical care funding, and few interest groups lobbying for more support. University physicians are politically ineffective because the very skills and data they need to press demands for more support, such as precise epidemiologic data, are the same skills and data they currently lack. The numerous practicing physicians are, for the most part, unaware of what is going on. Meanwhile the Soviets continue to follow their old "Sputnik" approach. They support showcase programs of medical care in a few hospitals or research institutes where visitors are taken. The majority of their clinics and hospitals remain crowded with patients, filled with physicians, but empty of the equipment and other technical support needed to provide modern medical care.

In the United States we have probably asked medical care to do too much, and perhaps in the process we have spent our resources extravagantly, perhaps even wastefully. The Soviet Union has avoided that pitfall. For all of this century the Soviet government has followed the consistent policy that the country does not need, nor can it afford, all the medicine that money can buy. At this time, however, it appears that they need to buy a significant amount more than they currently have.

REFERENCES

1. Muller, JE, Abdellah, FG, Billings, FT, et al. The Soviet health system—aspects of relevance to medicine in the United States. *N Engl J Med* 1972; 286-693.
2. Knaus, WA. *Inside Russian Medicine: An American Doctor's First-Hand Report*. New York: Everest House; 1981.
3. Sigerist, HE. *Medicine and Health in the Soviet Union*. New York: Citadel Press; 1947.
4. Graham, JR. *The Soviet Healthcare System*. (Soviet Ministry of Health's View). Oceanside, New York: Professional Seminar Consultants, Inc.; 1982.
5. Field, MG. *Soviet Socialized Medicine*. New York: Free Press; 1967.
6. Feshbach, M. *Issues in Soviet Health Problems, Joint Economic Committee, Congress of the United States*. Washington, DC: July, 1982.
7. Smith, H. *The Russians*. New York: Ballantine Books, Random House, Inc.; 1976.